



**State of Arizona**  
**Board of Respiratory Care Examiners**  
1400 W. Washington, Suite 200  
Phoenix, Arizona 85007  
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[www.rb.az.gov](http://www.rb.az.gov)

## **VERIFICATION OF AN ARIZONA LICENSE TO ANOTHER STATE**

If you are applying for a license in another state, they may require verification of your Arizona license. In order for the Board to process a license verification, you must submit a written request, including the name of the state to which you are requesting the information be sent, along with the required fee. Verification Letters are processed and mailed by Friday each week. If you wish expedited delivery please enclose a Pre-Paid overnight envelope with your request.

**\$25.00 For a current and valid license**

**OR**

**\$50.00 For an expired or closed License.**

**Fees must be in the form of a Certified Check or Money Order**

**Name:** \_\_\_\_\_ **License Number:** \_\_\_\_\_

**Name Arizona License was held under (If Different):** \_\_\_\_\_

**State Requiring Verification:** \_\_\_\_\_

**Licensees' Current Street Address:** \_\_\_\_\_

\_\_\_\_\_  
**City**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip code**

\_\_\_\_\_  
**County**

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Note: Fees for License Verification can be found under Board Rule R4-45-102**